



ANNUAL STATEMENT
For the Year Ending December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
DC CHARTERED HEALTH PLAN, INC.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	95748	Employer's ID Number	52-1492499
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry	District of Columbia		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1986		Commenced Business	09/12/1986		
Statutory Home Office	1120 Vermont Avenue NW (Street and Number)		Washington, DC, US 20005 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1120 Vermont Avenue NW (Street and Number)			
	Washington, DC, US 20005 (City or Town, State, Country and Zip Code)				(202)326-8924 (Area Code) (Telephone Number)	
Mail Address	1120 Vermont Avenue NW (Street and Number or P.O. Box)		Washington, DC, US 20005 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1120 Vermont Avenue NW (Street and Number)			
	Washington, DC, US 20005 (City or Town, State, Country and Zip Code)				(202)326-8924 (Area Code) (Telephone Number)	
Internet Website Address	www.chartered-health.com					
Statutory Statement Contact	Edward Frederick Oswald (Name)				(202)326-8924 (Area Code)(Telephone Number)(Extension)	
	eoswald@chartered-health.com (E-Mail Address)					
					(Fax Number)	

OFFICERS

OTHERS

Daneil Lawrence Watkins, Special Deputy to the Rehabilitator for DC Charter #

DIRECTORS OR TRUSTEES

State of District of Columbia
County of ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Daniel Lawrence Watkins (Printed Name) 1. Special Deputy Rehabilitator (Title)	(Signature) Edward Frederick Oswald (Printed Name) 2. Interim CFO (Title)	(Signature) (Printed Name) 3. (Title)
Subscribed and sworn to before me this day of , 2014	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[]
(Notary Public Signature)		

18 **Exhibit 2 - Accident and Health Premiums NONE**

19 **Exhibit 3 - Health Care Receivables NONE**

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	..... 100,000	.....	.....	.....	..... 100,000	..... 100,000
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	.....	.....	.....
7. TOTALS (Lines 1 through 6) .....	..... 100,000	.....	.....	.....	..... 100,000	..... 100,000

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Medstar .....					..... 1,321,000	..... 1,321,000
0199999 Total - Individually Listed Claims Unpaid .....					..... 1,321,000	..... 1,321,000
0399999 Aggregate Accounts Not Individually Listed - Covered .....					..... 9,446,051	..... 9,446,051
0499999 Subtotals .....					..... 10,767,051	..... 10,767,051
0799999 Total Claims Unpaid .....						..... 10,767,051
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

22 Exhibit 5 - Amounts Due From Parent NONE

23 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	2,776,034	1.891	100,853			2,776,034
2.	Intermediaries						
3.	All other providers	1,858,064	1.266	100,853			1,858,064
4.	TOTAL Capitation Payments	4,634,098	3.157	201,706			4,634,098
Other Payments:							
5.	Fee-for-service	22,940,520	15.629	X X X	X X X		22,940,520
6.	Contractual fee payments	119,208,530	81.214	X X X	X X X		119,208,530
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	142,149,050	96.843	X X X	X X X		142,149,050
13.	TOTAL (Line 4 plus Line 12)	146,783,148	100.000	X X X	X X X		146,783,148

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: DC Chartered Health Plan 2. LOCATION: BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code 0000 NAIC Company Code 95748

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	109,373		7,974						101,399	
2. First Quarter	103,367		7,012						96,355	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	418,165		28,690						389,475	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	158,147		13,077						145,070	
8. Non-Physician	72,217		7,090						65,127	
9. TOTAL	230,364		20,167						210,197	
10. Hospital Patient Days Incurred	8,732		93						8,639	
11. Number of Inpatient Admissions	2,396		23						2,373	
12. Health Premiums Written (b)	117,869,936		4,698,790						113,171,146	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	117,869,936		4,698,790						113,171,146	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	146,783,147		7,962,826						138,820,321	
18. Amount Incurred for Provision of Health Care Services	109,660,783		5,829,709						103,831,074	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 0000 NAIC Company Code 95748

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	109,373		7,974						101,399	
2. First Quarter	103,367		7,012						96,355	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	418,165		28,690						389,475	
TOTAL Member Ambulatory Encounters for Year:										
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15. Health Premiums Earned	117,869,936		4,698,790						113,171,146	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	146,783,147		7,962,826						138,820,321	
18. Amount Incurred for Provision of Health Care Services	109,660,783		5,829,709						103,831,074	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
27855	36-2781080 ...	10/01/2012	ZURICH AMER INS CO OF IL	IL	143,039	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					143,039	.....
2199999 Total - Accident and Health - Non-Affiliates					143,039	.....
2299999 Total - Accident and Health					143,039	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					143,039	.....
9999999 Total (Sum of 1199999 and 2299999)					143,039	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
27855	36-2781080	10/01/2012	ZURICH AMER INS CO OF IL	IL	SSL/L/G	478,856						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						478,856						
1099999 Total - General Account - Authorized - Non-Affiliates						478,856						
1199999 Total - General Account Authorized						478,856						
3499999 Total - General Account - Authorized, Unauthorized and Certified						478,856						
5699999 Total - Separate Accounts - Unauthorized												
6699999 Total - Separate Accounts - Certified - Non-Affiliates												
6799999 Total - Separate Accounts - Certified												
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						478,856						
9999999 Total (Sum of 3499999 and 6899999)						478,856						

34	Schedule S - Part 4	NONE
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35	Schedule S - Part 5	NONE
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SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums					123
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	479	914	1,399	1,491	1,155
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	823	619	702	806	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable			225		
8. Reinsurance recoverable on paid losses	143	352	246	158	211
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			X X X	X X X	X X X
18. Funds deposited by and withheld from (F)			X X X	X X X	X X X
19. Letters of credit (L)			X X X	X X X	X X X
20. Trust agreements (T)			X X X	X X X	X X X
21. Other (O)			X X X	X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	9,852,622		9,852,622
2. Accident and health premiums due and unpaid (Line 15)			
3. Amounts recoverable from reinsurers (Line 16.1)	143,039	(143,039)	0
4. Net credit for ceded reinsurance	X X X	143,039	143,039
5. All other admitted assets (Balance)	0		0
6. TOTAL Assets (Line 28)	9,995,660	0	9,995,660
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	10,767,051		10,767,051
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	10,377,063		10,377,063
15. TOTAL Liabilities (Line 24)	21,144,114		21,144,114
16. TOTAL Capital and Surplus (Line 33)	(11,148,454)	X X X	(11,148,454)
17. TOTAL Liabilities, Capital and Surplus (Line 34)	9,995,660		9,995,660
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	143,039		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	143,039		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance	143,039		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CAN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Relation- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
0		0					JEFFREY EARL THOMPSON	DC	UIP	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		95748	52-1492499				DC CHARTERED HEALTH PLAN INC	DC	RE	DC HEALTHCARE SYSTEMS	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	14-1987257				JT Real Estate Holdings, LLC	DC	NIA	DC HEALTHCARE SYSTEMS	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	52-2237617				DC HEALTHCARE SYSTEMS	DC	UDP	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	52-1563500				THOMPSON, COBB, BAZILIO & ASSOCIATES, PC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	68-0596237				Bright Star Entertainment LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	57-7905828				Capital Financial Services	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	26-3779125				EUCLID STREET PARTNERS, LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	
0		0	20-4732163				KMJ Development, LLC	DC	NIA	JEFFREY EARL THOMPSON	Ownership	100.0	JEFFREY EARL THOMPSON	

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Asterisk	Explanation
0000001	Footnote

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95748 ..	.. 52-1492499 ..	DC CHARTERED HLTH PLAN INC .....	.....	.....	.....	.....	..... (1,472,128)	.....	.....	.....	..... (1,472,128)	.....
.....	.. 52-2237617 ..	DC HEALTHCARE SYSTEMS INC .....	.....	.....	.....	.....	..... 1,472,128	.....	.....	.....	..... 1,472,128	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? See Explanation
 - 2. Will an actuarial opinion be filed by March 1? Waived
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? See Explanation
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? See Explanation

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
 - 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
 - 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
 - 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No

- APRIL FILING
- 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
 - 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No

- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanations:

- 1. DISB has approved an extension for filing - new deadline is March 21
- 2.
- 3. DISB has approved an extension for filing - new deadline is March 21
- 4. DISB has approved an extension for filing - new deadline is March 21
- 5.
- 6.
- 7.

Bar Codes:

Statement of Actuarial Opinion / Certification

[Barcode]

95748201344000000 2013 Document Code: 440

Medicare Supplement Insurance Experience Exhibit

[Barcode]

95748201336000000 2013 Document Code: 360

Health Life Supplement

[Barcode]

95748201320500000 2013 Document Code: 205

Health Property / Casualty Supplement

[Barcode]

95748201320700000 2013 Document Code: 207

Schedule SIS

[Barcode]

95748201342000000 2013 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

[Barcode]

95748201337100000 2013 Document Code: 371

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Statement of Non-Guaranteed Elements for Exhibit 5



95748201337000000 2013 Document Code: 370

Medicare Part D Coverage Supplement



95748201336500000 2013 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



95748201322400000 2013 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



95748201322500000 2013 Document Code: 225

Approval for Relief related to Require. for Audit Committees



95748201322600000 2013 Document Code: 226

LTC Supplemental Interrogatories



95748201330600000 2013 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation



95748201321100000 2013 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95748201321300000 2013 Document Code: 213

Supplemental Health Care Exhibit



95748201321600000 2013 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



95748201321700000 2013 Document Code: 217

Management's Report of Internal Control over Financial Reporting



95748201322300000 2013 Document Code: 223

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
2504. ADVANCES - EMPLOYEE
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
2904. Write-off of Capital Lease Obligations	131,292	.....
2905. Write-off of Deferred Rent Liability	118,285	.....
2906. Write-off of Pledged Cardinal Bank Assets	(12,175,288)	.....
2907. Write-off Escheat	642,690	.....
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996)	(11,283,021)	.....

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. ADVANCES - EMPLOYEE	250	250
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	250	250

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